

BELLEVUE NEIGHBORHOOD MEDIATION PROGRAM

Registration

Class: Telephone Intake and Conflict Coaching Training

Dates: Oct. 17, 19, 24, 2012

Name _____

Address _____ **Zip** _____

Phone _____ **Cell Phone** _____

Email Address _____

Are you currently a City of Bellevue Resident _____

b. Student in Bellevue _____

c. Work in Bellevue . _____

Are you available to attend all required hours of training? Yes___No___

Current or Former Occupation _____

Describe your interest in the Training.

Describe any training or experience you have had in conflict resolution.

E-mail to: mediation_info@bellevuewa.gov or **mail to:**

**Bellevue Neighborhood Mediation Program
City of Bellevue
Department of Planning and Community Development
P.O. Box 90012
Bellevue, WA 98004**

Questions? Phone: 425-452-4091